

PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB No. 2577-0226
Expires 4/30/2011

1.0	PHA Information PHA Name: Housing Authority of the City of Norman PHA Code: OK139 PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 07/2009				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 173 Number of HCV units: 1185				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the Housing Authority of the City of Norman is the same as the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Goals and objectives: Expand the supply of assisted housing by applying for additional vouchers, reduce public housing vacancies and leverage private or public funds to create additional housing opportunities. Improve quality of assisted housing by maintaining our status as high performer on our PHAS and SEMAP scores and continue to increase customer satisfaction. Increase assisted housing choices by outreach to potential voucher landlords and continue voucher homeownership program. Provide an improved living environment by reviewing public housing security improvements and designating developments or buildings for particular resident groups (elderly, persons with disabilities). Promote self-sufficiency and asset development of assisted households by increasing number and percentage of employed persons in assisted families. Ensure equal opportunity and affirmatively further fair housing by taking affirmative measures to ensure access to assisted housing and taking affirmative measure to provide a suitable living environment for families living in assisted housing regardless of race, color, religion, national origin, sex, familial status and disability. Progress: Public Housing Properties have been rehabbed and are looking very much in line with non assisted properties. Section 8 Program utilization rate is high. Vacancy rates in Public Housing are very low. The Housing Authority of the City of Norman is a high performer.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No elements have been revised other than the HUD mandated changes such as income limits, payment standards and emotional support/assist animals in Public Housing. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Our 5-year and Annual PHA Plan can be reviewed or receive a copy of at our administrative office, which is located in the same parking lot as the public housing office. Also, our RAB received copies of our 5-year and Annual PHA Plan.				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. The Housing Authority of the City of Norman has a Section 8 Homeownership Program with two participants. The home closings were in 2004-2005 and have managed to maintain their mortgage and upkeep of their home.				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				

8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. The Public Housing waiting list currently has 50 approved applications and the Section 8 Program waiting list currently has 949 approved applications. Of these approved applications 95% are extremely low income, 56% families with children, 9% elderly families, 26% families with disabilities, 75% race/ethnicity White, 17% race/ethnicity Black/African American, 7% race/ethnicity American Indian and 1% race/ethnicity Asian. The bedroom sizes needed in each waiting list is equal, except a higher need for one bedrooms in Public Housing. The Housing Authority of the City of Norman plans to address these needs by applying for additional Section 8 Vouchers if they become available and to pursue housing resources other than public housing or Section 8 Tenant-Based assistance.
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. The Housing Authority of the City of Norman plans to maximize the number of affordable units available within its current resources by reducing turnover time for vacated public housing units, ensure access to affordable housing among families assisted by the Housing Authority regardless of unit size required, maintain Section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of the program and participate in the Consolidated Plan development process to ensure coordination with broader community strategies.
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. Progress: Public Housing Properties have been rehabbed and are looking very much in line with non assisted properties. Section 8 Program utilization rate is high. Vacancy rates in Public Housing are very low. The Housing Authority of the City of Norman is a high performer. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Substantial Deviation from the 5-Year Plan shall be a change other than HUD mandated, or required due to financial hardships of the Housing Authority of the City of Norman to include funding cuts by HUD. Shall not be for Capital Fund changes needed to address emergency repairs of items threatening the life, safety, health or property of the residents or the Housing Authority of the City of Norman. Significant Amendment or Modification of the Annual Plan is anything not listed above.
11.0	Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary

Norman Housing Authority OK139		Norman, Cleveland County, OK		<input checked="" type="checkbox"/> Original 5-Year Plan	Revision No:
A. Name OK 139 Norman Housing Authority	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
B. Physical Improvements Subtotal	Annual Statement	192,400	173,000	194,000	191,000
C. Management Improvements		19,600	31,000	12,000	15,000
D. PHA-Wide Non-dwelling Structures and Equipment					
E. Administration		0	8,000	6,000	6,000
F. Other					
G. Operations		25,000	25,000	25,000	25,000
H. Demolition					
I. Development					
J. Capital Fund Financing – Debt Service					
K. Total CFP Funds					
L. Total Non-CFP Funds					
M. Grand Total		237,000	237,000	237,000	237,000

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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010			Work Statement for Year 3 FFY 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	002 – Roof Repair	28	150,000	001 – Energy Retrofit	91 Units	150,000
	002 – Landscape		10,000			
	002 – Appliances	8	4,000	002 – Appliances	8	4,000
	003 – Appliances	8	4,000	003 – Appliances	8	4,000
See Annual Statement	HA Wide – Lawn Treatment	91	15,000	HA Wide – Lawn Treatment	91	15,000
	HA Wide – Curb Repair		9,400			
	Subtotal of Estimated Cost		\$192,400	Subtotal of Estimated Cost		\$173,000

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form HUD-50075.2 (4/2008)

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Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010		Work Statement for Year 3 FFY 2011	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Operations	25,000	Operations	25,000
Append	Training	6,000	Training	6,000
Statement	Uniforms & Maintenance Equipment	6,000	Maintenance Truck	22,000
	Computer Upgrade & Software	3,000	Computer Upgrade	3,000
	Energy Audit	4,600	Administration	8,000
	Subtotal of Estimated Cost	\$44,600	Subtotal of Estimated Cost	\$64,000

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Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2012		Work Statement for Year 5 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Operations	25,000	Operations	25,000
	Training	6,000	Training	6,000
	Uniforms	3,000	Computer Upgrade & Software	8,000
	Radios/Communications	3,000	Office Chairs	1,000
	Administration	6,000	Administration	6,000
	Subtotal of Estimated Cost	\$43,000	Subtotal of Estimated Cost	\$46,000

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: OK56P13950109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 - ARRA FFY of Grant Approval:	
PHA Name: NORMAN HOUSING AUTHORITY					
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
Type of Grant		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	12,524			
10	1460 Dwelling Structures	225,414			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	47,986			
13	1475 Non-dwelling Equipment	15,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
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Part I: Summary					
PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56513950109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 - ARRA FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost¹
		Original			Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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Part II: Supporting Pages			Federal FFY of Grant: 2009-ARRA			
PHA Name: NORMAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK56513950109 CFPP (Yes/ No): Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Status of Work
				Original	Revised ¹	
					Funds Obligated ²	Funds Expended ²
OK56P139001	LOBBY FURNISHINGS	1475	5 LOBBIES	15,000		
OK56P139001	HVAC REPAIR & ADDITIONS	1460		60,000		
	INSTALL NEW & REPLACE EXISTING APARTMENT LIGHTS	1460		36,400		
OK56P039002	SIDEWALK & PARKING REPAIR	1470		47,986		
	REPLACE WINDOWS	1460	44 UNITS	54,971		
	LANDSCAPE & DRAINAGE REPAIR	1450		12,524		
OK56P139003	REPLACE WINDOWS	1460	38 UNITS	74,043		
TOTAL				300,924		

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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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Part I: Summary					
PHA Name: NORMAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK56P13950109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 CFP - NON ARRA FFY of Grant Approval:	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost ¹
			Revised ²		Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	25,000			
3	1408 Management Improvements	6,000			
4	1410 Administration (may not exceed 10% of line 21)	8,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000			
10	1460 Dwelling Structures	183,734			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part I: Summary				FFY of Grant: 2009 - NON ARRA FFY of Grant Approval:	
PHA Name: NORMAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK56P13950109 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Revised ²		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	237,734			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	26,000			
Signature of Executive Director		Date	Signature of Public Housing Director		Date

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Part II: Supporting Pages									
PHA Name: NORMAN HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: OK56P13950109 CEFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009 CFP - NON ARRA			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
HA WIDE	LAWN TREATMENT & CARE	1450		13,000					
	STAFF DEVELOPMENT	1408		6,000					
	OPERATIONS	1406		25,000					
	ADMINISTRATION	1410		8,000					
OK56P139001	WATER CONSERVATION RETROFIT	1460	91	2,000					
OK56P139002	INSULATION OF UNITS	1460	38	12,000					
	ROOF & SIDING REPAIR	1460	38	97,734					
	LANDSCAPE WORK	1450	1	1,000					
OK56P139003	INSULATION	1460	38	12,000					
	ROOF & SIDING REPAIR	1460	38	60,000					
	LANDSCAPE WORK	1450	1	1,000					
TOTAL				237,734					

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PHA Name: NORMAN HOUSING AUTHORITY

Federal FY of Grant: 2009 CFP - NON ARRA

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PHA Name: NORMAN HOUSING AUTHORITY

Federal FY of Grant: 2009 CFP - NON ARRA[illegible]¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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Federal FY of Grant: 2009 CFP - NON ARRA

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Part I: Summary		PHA Name: NORMAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK56P13950108 Replacement Housing Factor Grant No: Date of CFP:		FY of Grant: 2008 FY of Grant Approval:	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Revised²	Obligated	Total Actual Cost¹ Expended	
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	28,000					
3	1408 Management Improvements	8,000					
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement	27,464					
10	1460 Dwelling Structures	157,270					
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment	17,000					
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
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17	1499 Development Activities ⁴						

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PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P13980108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval:
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<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	237,734			
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22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

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Expires 4/30/2011

[illegible]

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Federal FY of Grant: 2008[illegible]

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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: NORMAN HOUSING
AUTHORITY

Grant Type and Number
Capital Fund Program Grant No: OK56P13950107
Replacement Housing Factor Grant No:
Date of CFFP:

FFY of Grant: 2007
FFY of Grant Approval:

Type of Grant
☐ Original Annual Statement
☐ Performance and Evaluation Report for Period Ending: 2

☒ Revised Annual Statement (revision no:4/2009)
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost ¹
			Revised ²		Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	13,000	61,847.24	13,000	13,000
3	1408 Management Improvements	24,000	21,327.09		
4	1410 Administration (may not exceed 10% of line 21)	16,000	8,000		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	35,000	34,992.17		
10	1460 Dwelling Structures	108,229	93,062.50		
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	23,000	0		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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Expires 4/30/2011

Part I: Summary

PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P13950107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2007 FFY of Grant Approval:
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<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4/2009) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	219,229	219,229		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

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Federal FY of Grant: 2007

Federal FY of Grant: 2007

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Expires 4/30/2011

Federal FTY of Grant: 2007

PHA Name: NORMAN HOUSING AUTHORITY

[illegible]

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part I: Summary		PHA Name: NORMAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK56P13950106 Replacement Housing Factor Grant No: Date of CFP:		FY of Grant: 2006 FY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended		
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	37,708.36	37,708.00	37,708.00	37,708.00		
3	1408 Management Improvements	2,804.64	19,483.64	19,483.64	19,483.64		
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement	14,218.70	14,218.70	14,218.70	14,218.70		
10	1460 Dwelling Structures	172,199.52	152,783.64	152,783.64	152,783.64		
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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Part I: Summary					
PHA Name: NORMAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK56P13950106 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2006 CFP FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	234,242.00	234,242.00	234,242.00	234,242.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

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Federal FY of Grant: 2006 CFP[illegible]

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